EXHIBIT C



Form 5500 Department of the Treasury

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

300 CENTRE DRIVE

ALBANY NY 12203-4474

Annual Return/Report of Employee Benefit Plan

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

This Form is Open to Public Inspection

2c Sponsor's telephone number

· 2d Business code (see instructions)

518-456-0259

813930

the instructions to the Form 5500. Part I Annual Report Identification Information For the calendar plan year 2008 or fiscal plan year beginning May 01, 2008 , and ending April 30, 2009 A This return/report is (1) X a multiemployer plan; (3) a multiple-employer plan; for: (2) a single-employer plan (other than a multiple-(4) a DFE (specify) employer plan); B This return/report is: the first return/report filed for the plan; (3) the final return/report filed for the plan; (2) the amended return/report; (4) a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here D If you filed for an extension of time to file, check the box and attach a copy of the extension application 🗵 Part II - Basic Plan Information - enter all requested information. 1a Name of plan 1b Three-digit 002 plan number (PN) BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2 ALBANY, NY ANNUITY FUND 1c Effective date of plan (mo., day, yr.) July 01, 1987 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) (Address should include room or suite no.) 16-1298070

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 2 ALBANY, NY ANNUITY FUND

	11/26/1202	STEVEN J OSICK, PLAN	ADMINISTRATOR
Signature of plan administrator	Date	Typed or printed name of individual	signing as plan administrator
		BRICKLAYERS & ALLIED	CRAFTWORKERS
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual sponsor or DFE as	
For Paperwork Reduction Act Notice and OMB Co v11.3	ntrol Numbers,	see the instructions for Form 5500). Form 5500 (2008)
3a Plan administrator's name and address (if same as	plan sponsor, e	nter"Same") 3b Ac	lministrator's EIN
SA14H		3c Ac	Iministrator's telephone number
If the name and/or EIN of the plan sponsor has char name, EIN and the plan number from the last return/		st return/report filed for this plan, ente	er the b EIN
a Sponsor's name	,		c PN

Instant 01-789 regretable 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit Q_{0} of 2 Objectors Form 5500s Pg 3 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EIN 14-1624	930
TRAL, BECKKK & CHIARAM014TE CPAS PC 7 WAAHINGTON SQUARLR AT-BANY 12205	c Telepho. 518-456	ne no.
6 Total number of participants at the beginning of the plan year	· 6 · 126	:3
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants	a 145	.5
b Retired or separated participants receiving benefits	• b • 49	_
c Other retired or separated participants entitled to future benefits	C 43	
d Subtotal. Add lines 7a, 7b, and 7c	d 150	4
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e 11	
f Total. Add lines 7d and 7e	f 151	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g 151	5
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feat of Plan Characteristics Codes (printed in the instructions)):	ure codes from	the List
2C 3B		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature	ra aadaa fram H	and lint of
Plan Characteristics Codes (printed in the instructions)):	e codes nom u	ie List oi
 9a Plan funding arrangement (check all that apply) (1) ☐ Insurance 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance 		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	ions.)	
a Pension Benefit Schedules b Financial Schedules		
(1) X R (Retirement Plan Information) (1) X H (Financial Information)	· ~ \	
(2) I (Financial Information – Small Pla (2) OT (Qualified Pension Plan Coverage Information) (3) X 1 A (Insurance Information)	111 <i>)</i>	
(4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year		
(3) B (Actuarial Information)		
(4) E (ESOP Annual Information)		
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2008

Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to **Public Inspection**

Complete all entries in accordance with

_		the instru	ctions to the Fo	rm 5500.	
	: Identification Information ear 2008 or fiscal plan year	beginning Ma	y 01, 2008 , and	ending April 30, 2009	
A This return/report is for:	 (1) X a multiemployer plar (2) ☐ a single-employer plan); 		a multiple-	(3) ☐ a multiple-employer p (4) ☐ a DFE (specify)	lan;
B This return/report is:	(1) ☐ the first return/report (2) ☐ the amended return/		an;	(3) ☐ the final return/report (4) ☐ a short plan year retumonths).	
C If the plan is a collectiv	ely-bargained plan, check he	ere 🕱		,	
D If you filed for an exten	sion of time to file, check the	box and attac	h a copy of the e	xtension application 🗵	
Part II Basic Plan Inf 1a Name of plan	ormation – enter all request	ed information		1b Three-digit	. 001
BRICKLAYERS & ALL	IED CRAFTWORKERS LOC	CAL 2 ALBANY	, NY PENSION F	plan number (I FUND 1c Effective date May 01, 1963	of plan (mo., day, yr.)
2a Plan sponsor's name a (Address should includ	nd address (employer, if for e room or suite no.)	a single-emplo	yer plan)	14-6075802	tification Number (EIN)
BRICKLAYERS & ALL 300 CENTRE DRIVE ALBANY NY 12203-44	IED CRAFTWORKERS LOC	CAL 2 ALBANY	, NY PENSION F	2c Sponsor's telep 518-456-0259 2d Business code 813930	
Under penalties of perjury accompanying schedules,	and other penalties set forth statements and attachments	in the instruct s, and to the be	est of my knowled	at I have examined this return/ dge and belief, it is true, correc	ct, and complete.
			SIEF	PHEN J OSICK,PLAN ADMIN	STRATOR
Signature of p	olan administrator	Date	Typed or printe	ed name of individual signing a	as plan administrator
			BRIC	KLAYERS & ALLIED CRAFT	WORKERS
Signature of emplo	yer/plan sponsor/DFE	Date	Typed or prin	nted name of individual signing sponsor or DFE as applica	
For Paperwork Reductio v11.3	n Act Notice and OMB Con	ntrol Numbers	, see the instruc	ctions for Form 5500.	Form 5500 (2008)
	me and address (if same as	plan sponsor,	enter''Same'')	3b Administrat 3c Administrat	or's EIN or's telephone number
SA14 R.					
	f the plan sponsor has chan number from the last return/i		ast return/report	filed for this plan, enter the	b EIN
a Sponsor's name					c PN

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5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN 14-1624930
TKAT., BECKER & CHIARAMONTE CPA-Q P KMVIN B. TULLY, CPA 7 WASHINGTON SQUAPR ALBANY 12205		c Telephone no. 518-456-6663
6 Total number of participants at the beginning of the plan year	· 6 ·	1696
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d	I)	
a Active participants	а	915
b Retired or separated participants receiving benefits	· b ·	511
c Other retired or separated participants entitled to future benefits	C	231
d Subtotal. Add lines 7a, 7b, and 7c	d	1657
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	86
f Total. Add lines 7d and 7e	f	1743
g Number of participants with account balances as of the end of the plan year (only defined contribution plan complete this item)	_	45
h Number of participants that terminated employment during the plan year with accrued benefits that were le than 100% vested		45
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	25
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension of Plan Characteristics Codes (printed in the instructions)):	n feature o	codes from the List
·		ou as ou as
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare f	feature co	des from the List of
Plan Characteristics Codes (printed in the instructions)):		
	<u>.</u> .	
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) Insurance (1) Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See ins	structions.)
a Pen <u>si</u> on Benefit Schedules b Financial Schedules		
(1) 🗵 R (Retirement Plan Information) (1) 🗵 H (Financial Information)		
(2) \[\bigcup \] (Financial Information - Sma	all Plan)	
(2) ☐0T (Qualified Pension Plan Coverage Information) (3) ☐ 0 A (Insurance Information) (4) 🛣 C (Service Provider Information	n)	
If a Schedule T is not attached because the plan is (4) (5) (6) (7) (8) Vice Provider information (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (18) (19)		
relying on coverage testing information for a prior (6) G (Financial Transaction Scheduler)		
year, enter the year	• /	
(3) 🖾 B (Actuarial Information)		
(4) E (ESOP Annual Information)		
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500.

Fart I. Annual Report Identification Information or the calendar plan year 2008 or fiscal plan year beginning July 01, 2008, and ending June. This return/report is (1) 🖾 a multiemployer plan; (3) 🔲 a multiemployer plan;

For the calendar plan ye	ear 2008 or fiscal plan year beginning July 01, 2008 , a	and ending June 30, 2009
A This return/report is for:	 (1)	(3) ☐ a multiple-employer plan; (4) ☐ a DFE (specify)
B This return/report is:	 (1) ☐ the first return/report filed for the plan; (2) ☐ the amended return/report; 	 (3) ☐ the final return/report filed for the plan; (4) ☐ a short plan year return/report (less than 12 months).
C If the plan is a collective	vely-bargained plan, check here 🗵	
	nsion of time to file, check the box and attach a copy of the formation – enter all requested information.	e extension application
1a Name of plan	, , , , , , , , , , , , , , , , , , ,	1b Three-digit 002 plan number (PN)
ONONDAGA COUNT	Y LABORERS ANNUITY FUND	1c Effective date of plan (mo., day, yr.) April 01, 1984
2a Plan sponsor's name a	and address (employer, if for a single-employer plan) de room or suite no.)	2b Employer Identification Number (EIN 16-1229376
	Y LABORERS ANNUITY FUND BOARD OF TRUSTEES	2c Sponsor's telephone number 315-434-9305
7051 FLY ROAD EAST SYRACUSE NY	⁷ 13057-9659	2d Business code (see instructions) 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

		GABRIEL ROSETT	71, 111	
Signature of plan administrator	Date	Typed or printed name of individual signing as plan administrator		
		EARL R. HALL		
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signs sponsor or DFE as app		
For Paperwork Reduction Act Notice and OMB Cor v11.3	ntrol Numbers	s, see the instructions for Form 5500.	Form 5500 (2008)	
3a Plan administrator's name and address (if same as SAME	plan sponsor,		istrator's EIN istrator's telephone number	
If the name and/or EIN of the plan sponsor has channame, EIN and the plan number from the last return/or		last return/report filed for this plan, enter th	e b EIN	
a Sponsor's name			c PN	

Instant 01-789 regueribae 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit $C_{2 \text{ of } 2}$ Objectors Form 5500s Pg 7 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address	ļ	b EIN 16-1537589
RICHARD W. HEIMERMAN, CPA P.C. 290 ELWOOD DAVIS ROAD, SUITE 280 LIVERPOOL NY 13088-0000	•	c Telephone no. 315-451-9771
6 Total number of participants at the beginning of the plan year	. 6 .	492
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)	-	
a Active participants	а	529
b Retired or separated participants receiving benefits	٠b٠	19
c Other retired or separated participants entitled to future benefits	C	285
d Subtotal. Add lines 7a, 7b, and 7c	d	833
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	е	19
f Total. Add lines 7d and 7e	f	852
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	852
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	17
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)):	ture c	odes from the List
<u>2E</u>		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature)	re coc	des from the List of
Plan Characteristics Codes (printed in the instructions)):		
	. <u>-</u>	
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (1) ☐ Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) Trust (3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	tions.)	
a Pension Benefit Schedules b Financial Schedules (4) 57 - 14 (Financial Information)		
(1) R (Retirement Plan Information) (1) H (Financial Information)	on)	
(2) UT (Qualified Pension Plan Coverage Information) (3) I (Financial Information – Small Plate (2) UT (Qualified Pension Plan Coverage Information)	311)	
(4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior (5) X D (DFE/Participating Plan Information G (Financial Transaction Schedules)		
year, enter the year		
(3) B (Actuarial Information) (4) E (ESOP Annual Information)		
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

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the instructions to the Form 5500. Part I Annual Report Identification Information For the calendar plan year 2008 or fiscal plan year beginning July 01, 2008, and ending June 30, 2009 A This return/report is (1) a multiemployer plan; (3) a multiple-employer plan; for: (2) a single-employer plan (other than a multiple-(4) La DFE (specify) employer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; (2) the amended return/report; (4) a short plan year return/report (less than 12 C If the plan is a collectively-bargained plan, check here D If you filed for an extension of time to file, check the box and attach a copy of the extension application 🔀 Part II - Basic Plan Information - enter all requested information. 1a Name of plan 1b Three-digit 001 plan number (PN) CENTRAL NEW YORK LABORERS PENSION FUND 1c Effective date of plan (mo., day, yr.) January 05, 1960 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) (Address should include room or suite no.) 15-6016579 2c Sponsor's telephone number CENTRAL NEW YORK LABORERS PENSION FUND BOARD OF TRUSTEES 315-434-9305 7051 FLY ROAD · 2d Business code (see instructions) EAST SYRACUSE NY 13057-9659 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

		GABRIEL M. ROSETTI,	III		
Signature of plan administrator	Date	Typed or printed name of individual signing as plan administrator			
		EARL R. HALL			
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signir sponsor or DFE as applic			
For Paperwork Reduction Act Notice and OMB Cor v11.3	ntrol Number	s, see the instructions for Form 5500.	Form 5500 (2008)		
3a Plan administrator's name and address (if same as SAME	plan sponsor,	•	ator's EIN ator's telephone number		
4 If the name and/or EIN of the plan sponsor has channame, EIN and the plan number from the last return/		last return/report filed for this plan, enter the	b EIN		
a Sponsor's name			c PN		

5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN 16-1537589
RICHARD W. HEIMERMAN, CPA P.C. 290 ELWOOD DAVIS ROAD, SUITE 280 LIVERPOOL NY 13088-0000	•	c Telephone no. 315-451-9771
6 Total number of participants at the beginning of the plan year	٠6٠	677
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	а	219
b Retired or separated participants receiving benefits	· b ·	281
c Other retired or separated participants entitled to future benefits	c	100
d Subtotal. Add lines 7a, 7b, and 7c	d	600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	74
f Total. Add lines 7d and 7e	f	674
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	_
 i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 	i	7
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fer of Plan Characteristics Codes (printed in the instructions)):	ature c	codes from the List
1B 1G		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feat Plan Characteristics Codes (printed in the instructions)):	ure co	des from the List of
O District of the second of th		
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) ☐ Insurance (1) ☐ Insurance (2) ☐ Section 412(e)(3) insurance contracts (2) ☐ Section 412(e)(3) insurance contracts		
 (4) ☐ General assets of the sponsor (4) ☐ General assets of the sponsor 10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions. 	ctions	١
a Pension Benefit Schedules b Financial Schedules	000110.	,
(1) X R (Retirement Plan Information) (1) X H (Financial Information) (2) I (Financial Information – Small P	lan)	
(2) ☐0T (Qualified Pension Plan Coverage Information) (3) ☐ 0 A (Insurance Information) (4) ☑ C (Service Provider Information)	,	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year		
 (3) B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information) 		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500. Part I Annual Report Identification Information For the calendar plan year 2008 or fiscal plan year beginning July 01, 2008, and ending June 30, 2009 A This return/report is (3) a multiple-employer plan; (1) X a multiemployer plan; for: (4) a DFE (specify) (2) a single-employer plan (other than a multipleemployer plan); B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan; (4) a short plan year return/report (less than 12) (2) the amended return/report; months). C If the plan is a collectively-bargained plan, check here D If you filed for an extension of time to file, check the box and attach a copy of the extension application 🗵 Part II Basic Plan Information – enter all requested information. 1b Three-digit 1a Name of plan 001 plan number (PN) IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND · 1c Effective date of plan (mo., day, yr.) July 01, 1962 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 16-6153389 (Address should include room or suite no.) 2c Sponsor's telephone number IBEW LOCAL 43 & ELECTRICAL CONTRACTORS PENSION FUND 315-474-5729 PO BOX 2218 2d Business code (see instructions) **SYRACUSE NY 13220-2218** 238210 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Date Typed or printed name of individual signing as plan administrator Signature of plan administrator

HILLIPLLYP P .1"PEU);50^'K,C Typed or printed name of individual signing as employer, plan Signature of employer/plan sponsor/DFE Date sponsor or DFE as applicable For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form 5500 (2008) v11.3 3b Administrator's EIN 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 16-6153389 · 3c Administrator's telephone number SAME 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the b EIN name, EIN and the plan number from the last return/report below: c PN a Sponsor's name

Instant View 9 Free RISAC 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit Objectors Form 5500s Pg 11 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN 23-2932984
PARENTEBEARD I.T.C THOMAS E. RILEY 115 SOLAR ST 100 SYRACUSE N 13204	•	c Telephone no. 154712777
6 Total number of participants at the beginning of the plan year	· 6 ·	1601
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	_	850
a Active participantsb Retired or separated participants receiving benefits	a ·b·	478
c Other retired or separated participants receiving benefits	C	250
d Subtotal. Add lines 7a, 7b, and 7c	d	1578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	86
f Total. Add lines 7d and 7e	f	1664
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	14
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	11
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea	iture c	codes from the List
of Plan Characteristics Codes (printed in the instructions)):		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature)	iro co	des from the List o
Plan Characteristics Codes (printed in the instructions)):	16 CO	des nom the Elst o
(F		
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) Insurance (1) Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) ☐ Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruc	tions.)
a Pension Benefit Schedules b Financial Schedules		
(1) 🗵 R (Retirement Plan Information) (1) 🗵 H (Financial Information)		
(2) [I (Financial Information – Small Pl	an)	
(2) OT (Qualified Pension Plan Coverage Information) (3) OA (Insurance Information)		
(4) X C (Service Provider Information)	٠١	
If a Schedule T is not attached because the plan is (5) X D (DFE/Participating Plan Information for a prior (6) G (Financial Transaction Schedule)		
relying on coverage testing mornation for a prior	٥)	
year, enter the year		
(3) B (Actuarial Information)		
(4) E (ESOP Annual Information)		
(5) 🔣 SSA (Separated Vested participant Information)		



Form 5500 Department of the Treasury

Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal

This Form is Open to Public Inspection

Total Bellett Garranty	Sections	Revei Complete al	e), 6057(b), an nue Code (the I entries in acc ictions to the	cordance with	
Part I Annual Report For the calendar plan year	Identification Information ar 2008 or fiscal plan year		lv 01. 2008 . aı	nd ending June 30, 2009	
A This return/report is for:	(1) I a multiemployer pla (2) □ a single-employer p employer plan);	ın;		(3) ☐ a multiple-employer p (4) ☐ a DFE (specify)	lan;
B This return/report is:	(1) ☐ the first return/report (2) ☐ the amended return		lan;	 (3) ☐ the final return/report (4) ☐ a short plan year retumonths). 	
D If you filed for an extens	ely-bargained plan, check h sion of time to file, check th ormation – enter all reques	e box and attac		extension application 1b Three-digit	
I.B.E.W. LOCAL 139 PI	ENSION PLAN			plan number (l	PN) of plan (mo., day, yr.)
2a Plan sponsor's name ar (Address should include		a single-emplo	oyer plan)	51-6029960	tification Number (EIN)
IBEW LOCAL 139 PEN 508 COLLEGE AVENU ELMIRA NY 14901-241		RUSTEES		2c Sponsor's tele 607-732-1237 2d Business code 238210	
Under penalties of perjury	and other penalties set fort	h in the instruct	ions, I declare	sed unless reasonable cause is that I have examined this return ledge and belief, it is true, correc	report, including
				ORLRIEV A - 00R40 AA	111
Signature of p	lan administrator	Date	Typed or pri	nted name of individual signing a	as plan administrator
			,	IBEW LOCAL 139 PENSION	FUND
Signature of employ	yer/plan sponsor/DFE	Date	Typed or p	rinted name of individual signing sponsor or DFE as applica	
For Paperwork Reduction v11.3	Act Notice and OMB Co	ntrol Numbers	s, see the instr	uctions for Form 5500.	Form 5500 (2008)
3a Plan administrator's nar	ne and address (if same as	s plan sponsor,	enter"Same")	3b Administra 3c Administra	or's EIN or's telephone number
•	tales also see	and the state of t	lant until 1	, , , , , , , , , , , , , , , , , , ,	···· F. F.IN
	f the plan sponsor has char number from the last return.		iast return/repo	rt filed for this plan, enter the	b EIN c PN
a Sponsor's name					.

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b EII	N
	c Tel	lephone no.
Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable)	a b c d e f g h	348 213 86 29 328 19 347
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b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	re codes fi	rom the List o
9b Plan benefit arrangement (check all that apply) (1)	an) on)	
(4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information)		



Form 5500 Department of the Treasury

Internal Revenue Service

Department of Labor

Employee Benefits Security

Administration
Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan Official Use Only
OMB Nos. 1210 - 0110

1210 - 0089

2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

This Form is Open to Public Inspection

the instructions to the Form 5500. Part I Annual Report Identification Information For the calendar plan year 2008 or fiscal plan year beginning June 01, 2008, and ending May 31, 2009 (1) a multiemployer plan; (3) a multiple-employer plan; A This return/report is for: (2) a single-employer plan (other than a multiple-(4) a DFE (specify) employer plan); B This return/report is: (1) \square the first return/report filed for the plan; (3) the final return/report filed for the plan; (2) the amended return/report; (4) a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here D If you filed for an extension of time to file, check the box and attach a copy of the extension application 🗵 Part II - Basic Plan Information - enter all requested information. 1b Three-digit 1a Name of plan 001 plan number (PN) LOCAL 241 OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS · 1c Effective date of plan (mo., day, yr.) PENSION PLAN June 01, 1964 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) (Address should include room or suite no.) 16-6118689 2c Sponsor's telephone number LOCAL 241 OF THE I.B.E.W. 607-272-2809 701 W. STATE STREET 2d Business code (see instructions) ITHACA NY 14850-3309 238210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator	Date	Typed or printed name of indi	ividual signing a	s plan administrator
	03/12/2010			
Signature of employer/plan sponsor/DFE	Date	Typed or printed name of in sponsor or l	dividual signing DFE as applicab	
For Paperwork Reduction Act Notice and OMB Conv1.3	trol Numbers	, see the instructions for Forn	n 5500.	Form 5500 (2008)
3a Plan administrator's name and address (if same as page 55)	olan sponsor,	,	3b Administrato 3c Administrato	or's EIN or's telephone number
4 If the name and/or EIN of the plan sponsor has chang name, EIN and the plan number from the last return/r		ast return/report filed for this pla	n, enter the	b EIN
a Sponsor's name	oport below.			c PN

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Composition			
th Pension Benefit Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ OT (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) ☒ B (Actuarial Information) (4) ☐ E (ESOP Annual Information)			
(1) R (Retirement Plan Information) (2) OT (Qualified Pension Plan Coverage Information) (3) O A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) O (Financial Information) (7) O A (Insurance Information) (8) O A (Insurance Information) (9) O D (DFE/Participating Plan Information)		tions.)
(2) OT (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules)			
(2) OT (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules)	(1) X R (Retirement Plan information) (1) X R (Financial information)	an)	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) (7) B (Actuarial Information)		anı	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)			
relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)	(m) Fr D (DEE(D) (Color D) (Color D)	ion)	
year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)	it d conteduct i to not disactive postate prairie		
(3) B (Actuarial Information) (4) E (ESOP Annual Information)	relying on soverage testing information for a prior	,	
(4) E (ESOP Annual Information)			
(5) SSA (Separated Vested participant Information)	(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2007

Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to **Public Inspection**

			il entries in acco uctions to the Fo		
	t Identification Information			97 , and ending August 31, 200	o
A This return/report is for:	(1) ☑ a multiemployer pla (2) ☐ a single-employer p	n;		(3) a multiple-employer plai (4) a DFE (specify)	
	employer plan);	(50.15)		(,, = 0 0 0 (0,000),	
B This return/report is:	(1) the first return/repor (2) the amended return.		lan;	(3) the final return/report file (4) a short plan year return/months).	
C If the plan is a collective	ely-bargained plan, check h	ere 🗆		,	
	nsion of time to file, check the formation – enter all request			xtension application \square	
1a Name of plan				1b Three-digit	. 001
IBEW LOCAL 325 PEI	NSION FUND			plan number (PN 1c Effective date of June 01, 1963)
2a Plan sponsor's name a (Address should include	and address (employer, if for le room or suite no.)	a single-emplo	oyer plan)	2b Employer Identification 16-6098105	,
TRUSTEES OF IBEW	LOCAL 325 PENSION FUN	D		2c Sponsor's telepho 607-797-1919	one number
24 EMMA STREET BINGHAMTON NY 139	905-2502			2d Business code (s 525100	ee instructions)
Under penalties of perjury	and other penalties set forth	in the instruct	tions, I declare the	d unless reasonable cause is es at I have examined this return/re dge and belief, it is true, correct,	port, including
				JAMES COLLINS	
Signature of p	olan administrator	Date	Typed or printe	ed name of individual signing as	plan administrator
				TRUSTEES OF IBEW LOCAL 3	325
Signature of emplo	oyer/plan s ponsor/DFE	Date	Typed or prir	nted name of individual signing a sponsor or DFE as applicable	
For Paperwork Reductio v2.3	n Act Notice and OMB Cor	ntrol Numbers	s, see the instruc	ctions for Form 5500.	Form 5500 (2007)
3a Plan administrator's na	me and address (if same as	plan sponsor,	enter"Same")	. 3b Administrator 3c Administrator	s EIN s telephone number
SAME					
	of the plan sponsor has chan number from the last return/		last return/report	filed for this plan, enter the	b EIN
a Sponsor's name					c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address	ı	b EIN 13-2550103
DARCANGELO & CO., LLP DARCANGELO & CO., LLP 200 EAST GARDEN STREET ROME NY 13442-4300		c Telephone no. 315-336-9220
6 Total number of participants at the beginning of the plan year	· 6 ·	502
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d)		
a Active participants	а	257
b Retired or separated participants receiving benefits	· p ·	171
c Other retired or separated participants entitled to future benefits	С	76
d Subtotal. Add lines 7a, 7b, and 7c	d	504
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	
f Total. Add lines 7d and 7e	f	504
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)):	ture c	odes from the List
1B		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature. Plan Characteristics Codes (printed in the instructions)):	re cod	des from the List of
		ev
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (1) ☐ Insurance		
(2) Section 412(i) insurance contracts (2) Section 412(i) insurance contracts		
(3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruc	tions.)	
a Pension Benefit Schedules b Financial Schedules		
(1) R (Retirement Plan Information) (1) H (Financial Information)		
(2) OT (Qualified Pension Plan Coverage Information) (2) I (Financial Information – Small Pl. (3) X 1 A (Insurance Information)	an)	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year		
 (3) X B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information) 		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

WATERTOWN NY 13601-2145

Annual Return/Report of Employee Benefit Plan

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with

This Form is Open to Public Inspection

561110

the instructions to the Form 5500. Part I Annual Report Identification Information For the calendar plan year 2008 or fiscal plan year beginning July 01, 2008, and ending June 30, 2009 A This return/report is (1) X a multiemployer plan; (3) a multiple-employer plan; for: (2) a single-employer plan (other than a multiple-(4) a DFE (specify) employer plan); B This return/report is: (1) \square the first return/report filed for the plan; (3) the final return/report filed for the plan; (4) a short plan year return/report (less than 12 (2) L the amended return/report; months). C If the plan is a collectively-bargained plan, check here D If you filed for an extension of time to file, check the box and attach a copy of the extension application Part II - Basic Plan Information - enter all requested information. 1a Name of plan 1b Three-digit 002 plan number (PN) I.B.E.W. LOCAL 910 ANNUITY FUND 1c Effective date of plan (mo., day, yr.) April 01, 1988 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) (Address should include room or suite no.) 22-6447520 2c Sponsor's telephone number I.B.E.W. LOCAL 910 ANNUITY FUND 315-782-5941 25001 WATER STREET 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

		F	
Signature of plan administrator	Date	Typed or printed name of individual signing	g as plan administrator
. Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signi sponsor or DFE as applic	
For Paperwork Reduction Act Notice and OMB Co v11.3	ntrol Number	s, see the instructions for Form 5500.	Form 5500 (2008)
3a Plan administrator's name and address (if same as	s plan sponsor	, enter"Same") 3b Administr 22-64475	
TRUSTEES OF PLAN 25001 WATER STREET WATERTOWN NY 13601-2145			ator's telephone number 315-782-5941
4 If the name and/or EIN of the plan sponsor has char name, EIN and the plan number from the last return.		last return/report filed for this plan, enter the	b EIN
a Sponsor's name	•		c PN

Instant 01789 regime RIDac 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit Q of 2 Objectors Form 5500s Pg 19 of 43

STACKEL & NAVARRA, CPA, PC 216 WASHINGTON ST STE 402 WATERTOWN NY 13601-3336 6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	no.
6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Usual Legisland Science d Subtotal Add lines 7a, 7b, and 7c d Deceased participants whose beneficiaries are receiving or are entitled to receive benefits e Total Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits c Subtotal. Add lines 7a, 7b, and 7c d Gubtotal. Add lines 7d and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e f Mumber of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Subtotal. Add lines 7a, 7b, and 7c d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e f Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h 	
complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h	
 i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated i participants required to be reported on a Schedule SSA (Form 5500) 	
8 Benefits provided under the plan (complete 8a through 8c, as applicable)	
a Expension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the of Plan Characteristics Codes (printed in the instructions)):	e List
<u>2E</u>	
_	
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the Plan Characteristics Codes (printed in the instructions)):	ist oi
Than onlaracteristics oddes (printed in the instructions)).	
	-
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance 9b Plan benefit arrangement (check all that apply) (1) ☐ insurance	
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts	
(3) Trust (3) Trust	
(4) General assets of the sponsor (4) General assets of the sponsor	
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)	
a Pension Benefit Schedules b Financial Schedules	
(1) R (Retirement Plan Information) (1) H (Financial Information) (2) I (Financial Information – Small Plan)	
(2) U (Financial Information – Small Plan) (2) OT (Qualified Pension Plan Coverage Information) (3) O A (Insurance Information)	
(4) X C (Service Provider Information)	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year	
(3) B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information)	



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

	Complete all entries in acc the instructions to the	
	t Identification Information ear 2008 or fiscal plan year beginning July 01, 2008 , a	nd ending June 30, 2009
A This return/report is for:	 (1) ■ a multiemployer plan; (2) □ a single-employer plan (other than a multiple-employer plan); 	(3) ☐ a multiple-employer plan; (4) ☐ a DFE (specify)
B This return/report is:	 (1) ☐ the first return/report filed for the plan; (2) ☐ the amended return/report; 	 (3) ☐ the final return/report filed for the plan; (4) ☐ a short plan year return/report (less than 12 months).
D If you filed for an exter	vely-bargained plan, check here nsion of time to file, check the box and attach a copy of the formation – enter all requested information. PENSION FUND	extension application 1b Three-digit
2a Plan sponsor's name a (Address should included) I.B.E.W. LOCAL 910 F 25001 WATER STREE WATERTOWN NY 136	PENSION FUND ET	 2b Employer Identification Number (EIN 16-6149240) 2c Sponsor's telephone number 315-782-5941 2d Business code (see instructions) 561110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of plan administrator	Date	Typed or printed name of individual signing a	s plan administrator
. Signature of employer/plan sponsor/DFE	Date	Typed or printed name of individual signing sponsor or DFE as applicab	
For Paperwork Reduction Act Notice and OMB Con v11.3	trol Numbers	s, see the instructions for Form 5500.	Form 5500 (2008)
3a Plan administrator's name and address (if same as	plan sponsor,	enter"Same") 3b Administrato 16-6100240	
TRUSTEES OF THE PLAN FOR I.B.E.W. LOCAL 9 25001 WATER STREET WATERTOWN NY 13601-2145	910		or's telephone number 5-782-5941
4 If the name and/or EIN of the plan sponsor has chang name, EIN and the plan number from the last return/r		last return/report filed for this plan, enter the	b EIN
a Sponsor's name			c PN

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5 Preparer information (optional) a	Name (including firm name	e, if applicable	e) and address		b EIN
					c Telephone no.
6 Total number of participants at the7 Number of participants as of the en		plans comple	ete only lines 7a. 7b. 7c. and	· 6 ·	661
a Active participants	The of the plant year (wellare)	piano compi	510 511 miss ra, ra, ro, and	, а	387
b Retired or separated participants re	eceiving benefits			· b ·	
c Other retired or separated participation		its		c	79
d Subtotal. Add lines 7a, 7b, and 7c				d	648
e Deceased participants whose bene		e entitled to r	receive benefits	e	
f Total. Add lines 7d and 7e	onorance are receiving or an			f	648
g Number of participants with account complete this item)	nt balances as of the end of	the plan yea	er (only defined contribution p		4.0
h Number of participants that termina than 100% vested	ated employment during the	e plan year wi	ith accrued benefits that were	e less h	
i If any participant(s) separated from participants required to be reported			enter the number of separate	ed i	4
8 Benefits provided under the plan (o					
a X Pension benefits (check this b of Plan Characteristics Codes (prin	oox if the plan provides pensinted in the instructions)):	sion benefits	and enter the applicable pen	sion feature	codes from the List
			1G		
b Welfare benefits (check this be Plan Characteristics Codes (printer		re benefits ar	nd enter the applicable welfa	re feature co	des from the List of
9a Plan funding arrangement (check	all that apply) 9b Plar	n_benefit arra	angement (check all that app	ly)	** ** ** **
(1) Insurance	(1)	☐ Insuranc	e		
(2) Section 412(e)(3) insurance	ce contracts (2)	☐ Section 4	412(e)(3) insurance contracts	s	
(3) Trust	(3)	Trust			
(4) General assets of the spon	nsor (4)	General	assets of the sponsor		
10 Schedules attached (Check all app				instructions	.)
a Pension Benefit Schedules	,		al Schedules		,
(1) X R (Retirement Plan Infor	rmation)	(1) 🗶	H (Financial Information)		
		(2)	I (Financial Information – S	3mall Plan)	
(2) 0T (Qualified Pension Pla	an Coverage Information)	(4) 🕱	 A (Insurance Information) C (Service Provider Information) 	ation)	
If a Schedule T is not attached relying on coverage testing inf year, enter the year	because the plan is formation for a prior	. (5) X (6)	D (DFE/Participating Plan III) G (Financial Transaction So		
(3) B (Actuarial Information) (4) E (ESOP Annual Inform (5) SSA (Separated Vested pa	nation)				
(3) 🔤 334 (Separated Vested pa	a dopart information)				



Department of the Treasury
Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

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This Form is Open to Public Inspection

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report For the calendar plan ye	t Identification Information ear 2008 or fiscal plan yea	n ir beginning Jul	y 01, 2008 , and e	nding Decen	nber 31, 2008		
A This return/report is for:	(1) ☑ a multiemployer pla (2) ☐ a single-employer employer plan);			(3) ☐ a multi (4) ☐ a DFE	ple-employer pla (specify)	n;	
B This return/report is:	(1) ☐ the first return/repo (2) ☐ the amended return	ort filed for the pla n/report;			al return/report fil plan year return		
C If the plan is a collective	ely-bargained plan, check l	here 🗓		·			
D If you filed for an exten	sion of time to file, check th	ne box and attach	n a copy of the exte	ension applica	ation 🗵		
•	ormation – enter all reque	sted information.					
1a Name of plan					Three-digit plan number (PN	1)	001
IBEW LOCAL 1249 PE	ENSION PLAN				Effective date of July 03, 1962		day, yr.)
2a Plan sponsor's name a (Address should includ	and address (employer, if fo le room or suite no.)	r a single-employ	yer plan)	•	Employer Identifi 15-6035161		, ,
IBEW LOCAL 1249 PE 6518 FREMONT ROA	ENSION PLAN BOARD OF	TRUSTEES			Sponsor's teleph 315-656-8390 Business code (s		
EAST SYRACUSE NY	13057-9453				238210		0.10)
Under penalties of perjury	e late or incomplete filing of and other penalties set for statements and attachmer	th in the instruction	ons, I declare that	I have exami	ned this return/re	port, includ	
				DANI	EL DAFOE		
Signature of p	olan administrator	Date	Typed or printed	name of indi	vidual signing as	plan admin	istrator
		11/14/1449	IBI	EW LOCAL 1	249 PENSION P	LAN	
Signature of emplo	oyer/plan sponsor/D F E	Date	Typed or printe		dividual signing a DFE as applicabl		, plan
For Paperwork Reductio v11.3	n Act Notice and OMB Co	ontrol Numbers,	see the instructi	ons for Forn	n 5500.	Form 55 0	00 (2008)
	me and address (if same a	s plan sponsor, e	enter"Same")		3b Administrator3c Administrator		e number
SA14F.							
	of the plan sponsor has cha number from the last returr		ast return/report file	ed for this pla	n, enter the	b EIN	
a Sponsor's name						c PN	

Instant 08-01789 regression 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit C_2 of 2 Objectors Form 5500s Pg 23 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN 23-3060766
BRARN MILLKK COIDPANY LLP 115 SOT-AR SRK(EET 100 SIXACUSE W 13204		c Telephone no. 154712777
6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	· 6 ·	2125
a Active participants	а	1284
b Retired or separated participants receiving benefits	٠b٠	384
c Other retired or separated participants entitled to future benefits	С	506
d Subtotal. Add lines 7a, 7b, and 7c	d	2174
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	е	123
f Total. Add lines 7d and 7e	f	2297
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	43
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feator of Plan Characteristics Codes (printed in the instructions)):	iture o	codes from the List
<u>1A</u> <u>1B</u>	-	
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	ire co	des from the List o
"		
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) Insurance (1) Insurance		
(2) ☐ Section 412(e)(3) insurance contracts (3) ☐ Trust (2) ☐ Section 412(e)(3) insurance contracts (3) ☐ Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruc	tions.)
Pension Benefit Schedules b Financial Schedules		
(1) X R (Retirement Plan Information) (1) X H (Financial Information)		
(2) I (Financial Information – Small Pl (2) OT (Qualified Pension Plan Coverage Information) (3) X 1 A (Insurance Information)	an)	
(4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior If a Schedule T is not attached because the plan is relying on coverage testing information for a prior (5) X D (DFE/Participating Plan Information Schedule) G (Financial Transaction Schedule)		
year, enter the year		
(3) B (Actuarial Information)		
(4) E (ESOP Annual Information)		
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

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Revenue Code (the Code).

Complete all entries in accordance with
the instructions to the Form 5500.

		the instru	ctions to the F	orm 5500.	
	t Identification Information ear 2008 or fiscal plan year		nuary 01, 2008	, and ending December 31,	2008
A This return/report is for:	(1) a multiemployer plan (2) a single-employer plan employer plan);	n;		(3) a multiple-employer (4) a DFE (specify)	
B This return/report is:	(1) ☐ the first return/report (2) ☐ the amended return/		an;	(3) ☐ the final return/report (4) ☐ a short plan year ret months).	
C If the plan is a collective	rely-bargained plan, check he	ere 🛚		,	
	ision of time to file, check the formation – enter all request			extension application 🗵	
1a Name of plan LABORERS LOCAL 10	03 ANNUITY FUND			1b Three-digit plan number 1c Effective date June 01, 200	of plan (mo., day, yr.)
2a Plan sponsor's name a (Address should includ	and address (employer, if for le room or suite no.)	a single-emplo	yer plan)	01-6214544	ntification Number (EIN)
TRUSTEES OF LABO P.O. BOX 571 GENEVA NY 14456-05	RERS LOCAL 103 ANNUIT 571	Y FUND		2c Sponsor's tell 315-539-4220 2d Business cod 525100	
Under penalties of perjury	and other penalties set forth	n in the instruct	ions, I declare t	sed unless reasonable cause is that I have examined this retur edge and belief, it is true, corre	n/report, including
				UNION TRUSTEE	
Signature of p	olan administrator	Date	Typed or prin	nted name of individual signing	as plan administrator
				MANAGEMENT TRUST	EE
Signature of emplo	oyer/plan sponsor/DFE	Date	Typed or p	rinted name of individual signir sponsor or DFE as applic	
For Paperwork Reductio v11.3	n Act Notice and OMB Cor	ntrol Numbers	, see the instr	uctions for Form 5500.	Form 5500 (2008)
3a Plan administrator's na SAIME	me and address (if same as	plan sponsor,	enter"Same")	3b Administra 3c Administra	ator's EIN ator's telephone number
	of the plan sponsor has chan number from the last return/		ast return/repo	rt filed for this plan, enter the	b EIN
a Sponsor's name					c PN
a oponoor o name					

Instant 08-01789 regretations 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit \mathcal{Q}_{0} of 2 Objectors Form 5500s Pg 25 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address	t	EIN
	. 0	Telephone no.
 6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) 	· 6 ·	166
a Active participants b Retired or separated participants receiving benefits	a ·b·	159
 c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 	c d e	159
f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans	f g	159 159
complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
 i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) 	i	
a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature of Plan Characteristics Codes (printed in the instructions)):	ure co	odes from the List
<u>2E</u>		··· ·· ·· ·· ··
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	e cod	es from the List of
9a Plan funding arrangement (check all that apply) (1)	n) n)	
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal

This Form is Open to Public Inspection

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

		the instit	ictions to the r	-01111 0000.			
	t Identification Information ear 2008 or fiscal plan year		nuary 01, 2008	, and ending De	ecember 31, 200	8	
A This return/report is for:	(1) ■ a multiemployer plan (2) □ a single-employer p employer plan);	n;	•		ple-employer plar		
B This return/report is:	(1) the first return/repor (2) the amended return.		lan;		al return/report file plan year return/		
C If the plan is a collective	vely-bargained plan, check he	ere 🕱		,			
D If you filed for an exter	nsion of time to file, check the	e box and attac	ch a copy of the	extension applica	ation 🗵		
•	formation - enter all request	ted information	ı .				
1a Name of plan LABORERS LOCAL 1	03 PENSION PLAN				Three-digit plan number (PN Effective date of))01 y, yr.)
					May 01, 1964		
(Address should include	and address (employer, if for de room or suite no.) PRERS LOCAL 103 PENSIO		oyer plan)	2c	Employer Identifion 16-6062260 Sponsor's telephon 315-539-4220		r (EIN)
P.O. BOX 571 GENEVA NY 14456-0				2d	Business code (s 525100	ee instructior	ıs)
Under penalties of perjury	e late or incomplete filing of t , and other penalties set forth , statements and attachment	n in the instruct	ions, I declare t	hat I have examin	ned this return/rep	port, including	
				UNION	I TRUSTEE		
Signature of p	plan administrator	Date	Typed or prir	nted name of indi	vidual signing as	plan administ	rator
				MANAGEN	IENT TRUSTEE		
Signature of emplo	oyer/plan sponsor/DFE	Date	Typed or p	rinted name of inc sponsor or D	dividual signing a DFE as applicable		lan
For Paperwork Reduction v11.3	on Act Notice and OMB Cor	ntrol Numbers	s, see the instr	uctions for Form	5500.	Form 5500	(2008)
3a Plan administrator's na	ame and address (if same as	plan sponsor,	enter"Same")		3b Administrator' 3c Administrator'		number
SAME				•			
	of the plan sponsor has chan number from the last return/		last return/repor	rt filed for this pla	n, enter the	b EIN	
a Sponsor's name		•				c PN	

Instand 401789 regions 100 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit Q of 2 Objectors Form 5500s Pg 27 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN
	•	c Telephone no.
6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	· 6 ·	268
a Active participants	а	99
b Retired or separated participants receiving benefits	·b·	103
c Other retired or separated participants entitled to future benefits	С	39
d Subtotal. Add lines 7a, 7b, and 7c	d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	е	20
f Total. Add lines 7d and 7e	f	261
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
 i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 	i	2
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)):	iture c	odes from the List
1B 1G		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	re coo	les from the List of
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) \square Insurance (1) \square Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) Trust (3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	tions.)	ı
a Pension Benefit Schedules b Financial Schedules (1) X R (Retirement Plan Information) (1) X H (Financial Information)		
(1) A (Retirement Flam information) (2) I (Financial Information – Small Pla	an)	
(2) OT (Qualified Pension Plan Coverage Information) (3) O A (Insurance Information) (4) C (Service Provider Information)	۵.,	
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year	ion) s)	
 (3) B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information) 		



Department of the Treasury Internal Revenue Service Department of Labor **Employee Benefits Security**

Administration Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2008

Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal

This Form is Open to Public Inspection

Revenue Code (the Code).

			i entries in acco ictions to the Fo		
	ldentification Information ar 2008 or fiscal plan year			and ending September 30,	2009
A This return/report is for:	(1) ■ a multiemployer plan (2) □ a single-employer pemployer plan);	n;		(3) a multiple-employer (4) a DFE (specify)	
B This return/report is:	(1) ☐ the first return/repor (2) ☐ the amended return/		an;	(3) ☐ the final return/repor (4) ☐ a short plan year ret months).	
C If the plan is a collective	ely-bargained plan, check he	ere 🛚			
	sion of time to file, check the ormation – enter all request			extension application 🗵	
1a Name of plan				1b Three-digit	(DM) 002
LOCAL 73 ANNUITY F	UND			plan number 1c Effective date	of plan (mo., day, yr.)
2a Plan sponsor's name a (Address should include	nd address (employer, if for e room or suite no.)	a single-emplo	yer plan)	2b Employer Ide 16-1586694	ntification Number (EIN)
BOARD OF TRUSTEE	S OF LOCAL 73 ANNUITY	FIIND		2c Sponsor's tele 315-343-1808	
P.O. BOX 911 OSWLEGO NY 13126-		IOND		,	e (see instructions)
Under penalties of perjury	and other penalties set forth	n in the instruct	i o ns, I declare th	ed unless reasonable cause is at I have examined this return dge and belief, it is true, corre	n/report, including
				JAMES P. GAFK'N)I;Y	•
Signature of p	lan administrat o r	Date	Typed or print	ed name of individual signing	as plan administrator
				PATKCICK RARROLL	
Signature of emplo	yer/plan sponsor/DFE	Date	Typed or pri	nted name o f individual signin sponsor or DFE as applic	g as employer, plan able
For Paperwork Reduction v11.3	n Act Notice and OMB Cor	ntrol Numbers	, see the instru	ctions for Form 5500.	Form 5500 (2008)
3a Plan administrator's nar	ne and address (if same as	plan sp o nsor,	enter"Same")	3b Administra 22-37391	
JAMMS P. GAFF14BY 705 RAGT SENECA ST OSWISGO NY 13126	REET				itor's telephone number 315-343-1808
	f the plan sponsor has chan number from the last return/		ast return/report	filed for this plan, enter the	b EIN
a Sponsor's name					c PN

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5	Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN 23-2932984
	PARENTEBRARD LLC THOMAS E. RILEY 115 SOLAR SFREET 100 SYKACUSE 13204		c Telephone no. 315-471-2777
	Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)	· 6 ·	560
	a Active participants	а	406
	b Retired or separated participants receiving benefits	·b·	29
	C Other retired or separated participants entitled to future benefits	c	150
	d Subtotal. Add lines 7a , 7b , and 7c	d	585
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	е	
	f Total. Add lines 7d and 7e	f	585
g	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	585
	n Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
	i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	11
	Benefits provided under the plan (complete 8a through 8c, as applicable)		
а	Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)):	ture c	odes from the List
	<u>2E</u>		
h	Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare featu		daa fuana tha Liat a
~	P ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	re coo	ses from the List of
	Than Sharastensias Souss (printed in the institutions)).		
98	a Plan funding arrangement (check all that apply) (1) ☐ Insurance 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance		
	(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
	(3) Trust		
	(4) General assets of the sponsor (4) General assets of the sponsor		
	0 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	tions.)	ı
	0 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruction Benefit Schedules b Financial Schedules	tions.)	١
	0 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct Pension Benefit Schedules (1) R (Retirement Plan Information) (1) H (Financial Information))
	0 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct Pension Benefit Schedules (1) R (Retirement Plan Information) (2) H (Financial Information) I (Financial Information))
	O Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct Pension Benefit Schedules (1) R (Retirement Plan Information) (2) OT (Qualified Pension Plan Coverage Information) (3) O A (Insurance Information))
	0 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct Pension Benefit Schedules (1) R (Retirement Plan Information) (2) H (Financial Information) I (Financial Information)	an) ion))
	O Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct Pension Benefit Schedules (1) R (Retirement Plan Information) (2) OT (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior O Ketirement Plan Information (1) R (Financial Information) (2) I (Financial Information - Small Plan (1) R (2) I (Financial Information) (3) O A (Insurance Information) (4) C (Service Provider Information) D (DFE/Participating Plan Information) G (Financial Transaction Schedules)	an) ion))



Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2008

Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to **Public Inspection**

		Complete al the instru	l entries in accor ctions to the For	dance with rm 5500.	
	Identification Information ar 2008 or fiscal plan year		ly 01 2008 and	ending June 30, 2009	
A This return/report is for:	(1) ၗ a multiemployer plan (2) a single-employer p employer plan);	n;		(3) a multiple-employer plans (4) a DFE (specify)	
B This return/report is:	(1) ☐ the first return/repor (2) ☐ the amended return.		an;	(3) ☐ the final return/report filed (4) ☐ a short plan year return/remonths).	
D If you filed for an extens	ely-bargained plan, check he sion of time to file, check the prmation – enter all request	e box and attac	· •	1b Three-digit plan number (PN)	
LOCAL /3 RETIREMEN	NI FUND			• 1c Effective date of p July 01, 1419	ian (mo., day, yr.)
2a Plan sponsor's name at (Address should include LOCAL 73 RETIREMED 705 RAST SENECA ST OSWJ5GO NY 13126-0	NT FUND MEET, PO BOX 911	a single-emplo	yer plan)	 2b Employer Identification 15-6016577 2c Sponsor's telepho 315-343-1808 2d Business code (se 525100 	ne number
Under penalties of perjury	and other penalties set forth	in the instruct	ions, I declare tha	I unless reasonable cause is esta t I have examined this return/rep ge and belief, it is true, correct, a	ort, including
				JAIAKS GAFFNEY	
Signature of p	lan administrator	Date	Typed or printe	d name of individual signing as p	lan administrator
				LORAT. 73 RETIR1914KNT FUN	NI)
Signature of employ	yer/plan sponsor/DFE	Date	Typed or print	ted name of individual signing as sponsor or DFE as applicable	employer, plan
For Paperwork Reduction v11.3	n Act Notice and OMB Cor	ntrol Numbers	, see the instruct	tions for Form 5500.	Form 5500 (2008)
3a Plan administrator's nar	ne and address (if same as	plan sponsor,	enter"Same")	3b Administrator's 22-3739111	
JAMES GAFKNEY 705 EAST SENECA ST OSWZGO NY 13126-09				3c Administrator's	telephone number 343-1808
	f the plan sponsor has chan number from the last return/		ast return/report fi	iled for this plan, enter the	b EIN
					c PN

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a Sponsor's name		
5 Preparer information (optional) a Name (including firm name, if applicable) and add	dress	b EIN 23-2932984
PARENTEBEARN LLC THOMAS E. RILEY 115 SOLAR STREET 100 SYRACUSE 13204		c Telephone no. 315-471-2777
6 Total number of participants at the beginning of the plan year		· 6 · 860
7 Number of participants as of the end of the plan year (welfare plans complete only lin	nes 7a, 7b, 7c, and 7d)	
a Active participants		a 339
b Retired or separated participants receiving benefits		· b · 363
c Other retired or separated participants entitled to future benefits		c 83
d Subtotal. Add lines 7a, 7b, and 7c		d 785
e Deceased participants whose beneficiaries are receiving or are entitled to receive be	nefits	e 83
f Total. Add lines 7d and 7e		f 868
g Number of participants with account balances as of the end of the plan year (only de complete this item)	,	g
h Number of participants that terminated employment during the plan year with accrue- than 100% vested	d benefits that were less	h 1
i If any participant(s) separated from service with a deferred vested benefit, enter the participants required to be reported on a Schedule SSA (Form 5500)	number of separated	i 1
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter of Plan Characteristics Codes (printed in the instructions)):	the applicable pension feat	ture codes from the List
<u>1B</u>		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the	ne applicable welfare featu	re codes from the List o
Plan Characteristics Codes (printed in the instructions)):	• •	
-	~ ~ ~ ~ ~	
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement	(check all that apply)	
(1) Insurance (1) Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) in	insurance contracts	
(3) Trust (3) Trust		
(4) General assets of the sponsor (4) General assets of	the sponsor	
10 Schedules attached (Check all applicable boxes and, where indicated, enter the nun		tions.)
a Pension Benefit Schedules b Financial Schedu		,
	cial Information)	
	cial Information - Small Pla	an)
	ce Provider Information)	
in a defined and it to their databased and plant to	Participating Plan Information	
relying on developed tooking information for a prior	cial Transaction Schedules	>)
year, enter the year		
(3) 🛣 B (Actuarial Information)		
(4) E (ESOP Annual Information)		
(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

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1210 - 0089
2008

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This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500.

	Identification Informatior ar 2008 or fiscal plan yea		uary 01, 2008,	and ending Dece	mber 31, 2008	3	
A This return/report is for:	(1) ■ a multiemployer pla (2) □ a single-employer pemployer plan);		a multiple-	(3) a multiple (4) a DFE (sp		i;	
B This return/report is:	(1) ☐ the first return/repo (2) ☐ the amended return		an;	(3) the final re (4) a short planeths).			
C If the plan is a collective	ely-bargained plan, check h	ere 🗵		,			
	sion of time to file, check th		n a copy of the ex	tension application	on 🗵		
Part II Basic Plan Info 1a Name of plan	ormation – enter all reques	ted information.		1b Th	ree-digit		
,				pla	an number (PN)		004
OSWEGO LABORERS	LOCAL 214 RETIREMEN	TPLAN		, 1c Eff	ective date of p	olan (mo., c	lay, yr.)
2a Plan sponsor's name ar (Address should include		r a single-employ	yer plan)	_. 16-	nployer Identific -0876163		. ,
BOARD OF TRUSTEES	S, LABORERS LOCAL 214	RETIREMENT	PLAN		onsor's telepho 5-343-1666	ne number	='
23 MTTCHET.T. STRE NWMGO NY 13126				. 2d Bu	siness code (se 5100	ee instruction	ons)
accompanying schedules,	statements and attachmen	ts, and to the be 10/11/2109	st of my knowled	ge and belief, it is CINVY RA.		and comple	ete.
		•			•		
Signature of p	lan administrator	Date	Typed or printe	d name of individ	ual signing as p	olan admini	strator
)SWE	GO T.AF30RKKS	S LORAY, 214	RETIRK	
Signature of employ	yer/plan sponsor/DFE	Date	Typed or prin	ted name of indivi sponsor or DF			plan
For Paperwork Reduction v11.3	n Act Notice and OMB Co	ntrol Numbers,	see the instruc	tions for Form 5	500.	Form 55 0	0 (2008)
3a Plan administrator's nar	ne and address (if same as	s plan sponsor, e	enter"Same")	3b	Administrator's	s EIN	
SA14IE				- 3c	Administrator's	s telephone	number
4 If the name and/or EIN of	f the plan sponsor has char	nged since the la	ast return/report f	iled for this plan. 6	enter the	b EIN	
	number from the last return						
a Sponsor's name						c PN	

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BRAPN MILLKK COMPANY LLP TH014AS E RIT.JSY 115 SOT-AR STKK(RET 100 S)RMACUSE 13204 6 Total number of participants at the beginning of the plan year 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) 8 Retired or separated participants receiving benefits 9 Complete retired or separated participants entitled to future benefits 0 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 0 Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 0 Deceased participants with account balances as of the end of the plan year (only defined contribution plans or participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested 1 If any participant (she sparated from service with a deferred vested benefit, enter the number of separated 1 If any participant (she sparated from service with a deferred vested benefit, enter the number of separated 1 If any participant (she plan (complete 8a through 8c, as applicable) 2 Dension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 1 B 1G	5 Preparer information (optional) a Name (including firm name, if applicable) and add	ess	b EIN 23-3060766
6 Total number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants a 103 b Retired or separated participants receiving benefits c 096 d Subtotal Add lines 7a, 7b, and 7c d 488 e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested i If any participants (s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 1B 1G b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) 10 Insurance 21 Section 412(e)(3) insurance contracts 22 Section 412(e)(3) insurance contracts 33 Trust 4) General assets of the sponsor 4) General assets of the sponsor 4) General assets of the sponsor 5) Financial Schedules 10 Schedules attached (Check all applicable boxes and, whe indicated, enter the number attached. See instructions.) b Financial Schedules 1) E G 1) General assets of the sponsor 2) O A (Insurance Information) 3) O A (Insurance Information) 4) General assets of the sponsor O	115 SOT-AR S'RK(RET 100	•	c Telephone no.
a Active participants b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants whose beneficiaries are receiving or are entitled to receive benefits c Deceased participants whose beneficiaries are receiving or are entitled to receive benefits c Possible Participants complete this item) h Number of participants that terminated employment during the plan year (only defined contribution plans or complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less h than 100% wested if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant(s) separated from service with a deferred vested benefit and number of separated if any participant(s) separated from service with a deferred vested benefit, enter the number of separated if any participant sequired to be reported on a Schedule service with a deferred vested benefit arrangement (check all that apply) if any participant sequired to be reported on a Schedule	6 Total number of participants at the beginning of the plan year		504
b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits c Other retired or separated participants entitled to future benefits c Other Sq. 7h, and 7c of Deceased participants whose beneficiaries are receiving or are entitled to receive benefits c Other Sq. 7h, and 7c of Total. Add lines 7d and 7e of Deceased Participants with account balances as of the end of the plan year (only defined contribution plans of Deceased Participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits that were less human 100% vested it flam year (in the plan year with accrued benefits and enter the number of separated it 11 participants) (in the plan year with accrued benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (p		es 7a, 7b, 7c, and 7d)	
c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f 36 f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested i If any participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): B 1G			· · ·
d Subtotal. Add lines 7a, 7b, and 7c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants with account balances as of the end of the plan year (only defined contribution plans go the plan to the plan year with accrued benefits that were less than 100% vested it if any participant year with a deferred vested benefit, enter the number of separated it if any participant year year year year year year year, enter the plan year with accrued benefits that were less than 100% vested it if any participant year year, enter the plan is relying on coverage testing information) d Age Pan Standard Year Year Year Year Year Year Year Year		==	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits			
f Total. Add lines 7d and 7e g Number of participants with account balances as of the end of the plan year (only defined contribution plans g complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated i 11 participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) a □ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 1B 1G			
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested i If any participants) separated from service with a deferred vested benefit, enter the number of separated i If any participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 1B 1G b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 1B 1G b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)): 9a Plan funding arrangement (check all that apply) (1) Insurance (2) Section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor 10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) a Pension Benefit Schedules (1) R (Retirement Plan Information) (1) R (Retirement Plan Information) (3) O A (Insurance Information) (4) R (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) (7) G (Financial Transaction Schedules)			
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than 100% vested i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated i If any participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable) a	complete this item)	, -	
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b	1B	1G	
Plan Characteristics Codes (printed in the instructions)): 9a Plan funding arrangement (check all that apply) (1)			
9a Plan funding arrangement (check all that apply) (1)		applicable welfare feature co	odes from the List of
(1)	Fian Characteristics Codes (printed in the instructions)).		
(1)	•		
(1)	9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)	
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(4) ☐ General assets of the sponsor 10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) a Pension Benefit Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ 0T (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) ☒ B (Actuarial Information) (4) ☐ General assets of the sponsor (5) ☐ H (Financial Information) (6) ☐ C (Service Provider Information) (7) ☒ D (DFE/Participating Plan Information) (8) ☐ G (Financial Transaction Schedules)	(3) Trust (3) Trust		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.) a Pension Benefit Schedules (1) R (Retirement Plan Information) (2) OT (Qualified Pension Plan Coverage Information) (3) OA (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) (7) R (Financial Information) (8) OA (Insurance Information) (9) OB (Financial Transaction Schedules) (9) OB (Financial Transaction Schedules)		ne sponsor	
a Pension Benefit Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ 0T (Qualified Pension Plan Coverage Information) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules) (7) ☒ H (Financial Information) (8) ☐ 0 A (Insurance Information) (9) ☒ C (Service Provider Information) (9) ☒ D (DFE/Participating Plan Information) (9) ☒ D (Financial Transaction Schedules) (1) ☒ H (Financial Information) (2) ☐ I (Financial Information) (3) ☒ D (DFE/Participating Plan Information) (4) ☒ C (Financial Transaction Schedules)	10 Schedules attached (Check all applicable boxes and, where indicated, enter the num	ber attached. See instructions	.)
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(2) OT (Qualified Pension Plan Coverage Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) (7) G (Financial Transaction Schedules)			
(4) C (Service Provider Information) If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information) (6) G (Financial Transaction Schedules) G (Financial Transaction Schedules)			
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)			
relying on coverage testing information for a prior year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)	(m) (m) (m) (m) (m)		
year, enter the year (3) B (Actuarial Information) (4) E (ESOP Annual Information)	(a) [""] a (=:	articipating Flan Information) ial Transaction Schedules)	
(3) B (Actuarial Information) (4) E (ESOP Annual Information)	respond on develope teating information for a prior	ar transaction ochecutes)	
(4) E (ESOP Annual Information)			
(5) SSA (Separated Vested participant Information)	(Actuarial information)		
	(5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089 2008

Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal

This Form is Open to Public Inspection

Revenue Code (the Code).

			I entries in acco actions to the F		
	Identification Information		1.04.0000	d d' l 00 0000	
•	ar 2008 or fiscal plan year		iy 01, 2008 , and		
A This return/report is for:	 (1) ■ a multiemployer pla (2) □ a single-employer pemployer plan); 		a multiple-	(3)	· plan;
B This return/report is:	(1) _ the first return/repor		lan;	(3) the final return/repo	
	(2) I the amended return	/report;		(4) ☐ a short plan year remonths).	turn/report (less than 12
C If the plan is a collective	ely-bargained plan, check h	ere 🕱			
D If you filed for an exten	sion of time to file, check the	e box and attac	ch a copy of the	extension application 🗵	
Part II Basic Plan Info	ormation - enter all reques	ted information			
1a Name of plan				1b Three-digit plan number	
ROOFERS LOCAL 195	5 PENSION FUND			1c Effective date January 01,	e of plan (mo., day, yr.) 1105
2a Plan sponsor's name a (Address should includ	nd address (employer, if for e room or suite no.)	a single-emplo	oyer plan)	16-6158018	entification Number (EIN)
ROOFERS LOCAL 195	S PENSION FUND			2c Sponsor's tel 315-699-138	
BOARN OF TRT7.QTI 6200 STATE ROTJEE CICW KO NY 13039	PR.Q				o de (see instructions)
Under penalties of perjury	and other penalties set fortl	n in the instruct	ions, I declare th	ed unless reasonable cause i nat I have examined this retur edge and belief, it is true, corr	n/report, including
Signature of p	lan administrator	Date	Typed or print	ted name of individual signing	g as plan administrator
Signature of emplo	yer/plan sponsor/DFE	Date	Typed or pri	inted name of individual signi sponsor or DFE as applic	
For Paperwork Reduction v11.3	n Act Notice and OMB Co	ntrol Numbers	s, see the instru	ctions for Form 5500.	Form 5500 (2008)
	me and address (if same as	plan sponsor,	enter"Same")	3b Administr 3c Administr	ator's EIN ator's telephone number
SAME				· ·	
	f the plan sponsor has char number from the last return		ast return/report	filed for this plan, enter the	b EIN
a Sponsor's name		p =			c PN

Instant 01.789 regree 1990 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit C_2 of 2 Objectors Form 5500s Pg 35 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address	ŀ	EIN 23-2932984
PARENTEBEARD LLC THOMAS E. RILEY 115 SOLAR STREET 100 SYRACUSE NY 13204	Ċ	Telephone no. 315-471-2777
6 Total number of participants at the beginning of the plan year	· 6 ·	332
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a , 7b , 7c , and 7d) a Active participants	а	174
b Retired or separated participants receiving benefits	·b·	108
c Other retired or separated participants entitled to future benefits	C	49
d Subtotal. Add lines 7a, 7b, and 7c	d	331
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	е	17
f Total. Add lines 7d and 7e	f	348
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	7
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	
8 Benefits provided under the plan (complete 8a through 8c, as applicable)		
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fear of Plan Characteristics Codes (printed in the instructions)):	ture co	odes from the List
1B 1G		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	re cod	es from the List of
On Diversity of the second second selection of the second		
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (1) ☐ Insurance		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	tions.)	
a Pension Benefit Schedules b Financial Schedules	,	
(1) X R (Retirement Plan Information) (1) X H (Financial Information)		
(2) [] (Financial Information – Small Plants (2) [] (Financial Inf	an)	
(2) 0 T (Qualified Pension Plan Coverage Information) (3) 0 A (Insurance Information) (4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year	on) s)	
 (3) B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information) 		



Department of the Treasury Internal Revenue Service

Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

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Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to **Public Inspection**

Complete all entries in accordance with

		the instru	ctions to the Fo	orm 5500.	
	Identification Information				
•	ar 2008 or fiscal plan year		y 01, 2008 , and		
A This return/report is for:	 (1) X a multiemployer plan (2) □ a single-employer plan employer plan); 		a multiple-	(3) ☐ a multiple-employer p (4) ☐ a DFE (specify)	lan;
B This return/report is:	(1) the first return/report (2) the amended return/		an;	(3) ☐ the final return/report (4) ☐ a short plan year retumonths).	filed for the plan; rn/report (less than 12
C If the plan is a collective	ely-bargained plan, check he	re X			
-	sion of time to file, check the		h a copy of the e	xtension application	
	ormation - enter all requeste	ed information.			
1a Name of plan				1b Three-digit	O02
ROOFERS LOCAL 195	ANNUITY FUND			plan number (l 1c Effective date July 01, 1449	of plan (mo., day, yr.)
2a Plan sponsor's name at (Address should include	nd address (employer, if for a come or suite no.)	a single-emplo	yer plan)	14-1721374	tification Number (EIN)
ROOFERS LOCAL 195	ANNUITY FUND			2c Sponsor's tele; 315-699-1388	phone number
6200 STATE ROUTE 3				2d Business code	(see instructions)
CICERO NY 13039-880)4			525100	(
Under penalties of perjury	and other penalties set forth	in the instructi	ons, I declare tha	d unless reasonable cause is at I have examined this return/ dge and belief, it is true, correc	report, including
				RL (C/ ^Q NO	
Signature of p	an administrator	Date	Typed or printe	ed name of individual signing a	as plan administrator
Signature of emplo	yer/plan sponsor/DFE	Date	Typed or prir	nted name of individual signing sponsor or DFE as applica	
For Paperwork Reduction v11.3	Act Notice and OMB Con	trol Numbers	, see the instruc	ctions for Form 5500.	Form 5500 (2008)
	ne and address (if same as	plan sponsor, e	enter"Same")	3b Administrat 3c Administrat	or's EIN or's telephone number
SAME				•	
	the plan sponsor has chang number from the last return/r		ast return/report	filed for this plan, enter the	b EIN
a Sponsor's name	2	,			c PN
,					

Instant-01-789 regree 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit C_2 of 2 Objectors Form 5500s Pg 37 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address PARENTEBRARD LLC THOMAS E. RILEY 115 SOT-AR SRXEET 100 SYMACLISE 13204		b EIN 23-2932984 c Telephone no. 154712777
6 Total number of participants at the beginning of the plan year	· 6 ·	327
 7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) a Active participants b Retired or separated participants receiving benefits 	a · b ·	228 17
c Other retired or separated participants entitled to future benefits	C	113
d Subtotal. Add lines 7a, 7b, and 7c	d	358
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	2
f Total. Add lines 7d and 7e q Number of participants with account balances as of the end of the plan year (only defined contribution plans	f	360
complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	13
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	i	16
 Benefits provided under the plan (complete 8a through 8c, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)): 	ature co	odes from the List
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature. Plan Characteristics Codes (printed in the instructions)):	re cod	les from the List of
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
(1) Insurance (1) Insurance		
(2) ☐ Section 412(e)(3) insurance contracts (2) ☐ Section 412(e)(3) insurance contracts (3) ☐ Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruc	tions.)	
Pension Benefit Schedules b Financial Schedules (4) Fig. 11 (Financial Information)		
(1) R (Retirement Plan Information) (1) X H (Financial Information) (2) I (Financial Information – Small Pl	an)	
(2) 0 (Qualified Pension Plan Coverage Information) (3) 0 A (Insurance Information)	αιι,	
(4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year		
(3) B (Actuarial Information)		
(4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service Department of Labor **Employee Benefits Security** Administration

Pension Benefit Guaranty Corporation

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Complete all entries in accordance with

		tne instru	ctions to the Fo	orm 5500.			
	Identification Information ar 2008 or fiscal plan year	beginning Jar	uary 01, 2008 ,	and ending	December 31, 2008	3	
A This return/report is for:	 (1)		a multiple-	(3) ☐ a mu (4) ☐ a DF	ultiple-employer plan E (specify)	l;	
B This return/report is:	(1) ☐ the first return/report (2) ☐ the amended return/		nn;		inal return/report file ort plan year return/i		
C If the plan is a collective	ely-bargained plan, check he	ere 🗓					
D If you filed for an extens Part II Basic Plan Info	sion of time to file, check the	box and attacl	n a copy of the e				
1a Name of plan				1	b Three-digit		001
SEIU 1199UPSTATE P	ENSION FUND			; 1	plan number (PN) c Effective date of p January 01, 1971	olan (mo.,	day, yr.)
2a Plan sponsor's name ar (Address should include	nd address (employer, if for e room or suite no.)	a single-emplo	/er plan)	2	b Employer Identific 16-1112391	cation Num	ber (EIN)
SEIU 1199UPSTATE P				2c Sponsor's telephone number 716-362-0680			
4242 RIDGE LEA ROA AMHERST NY 14226-5				· 2 ·	d Business code (se 622000	ee instruct	ions)
Under penalties of perjury	late or incomplete filing of the and other penalties set forth statements and attachments	in the instructi	ons, I declare the	at I have exai dge and belie	mined this return/rep	ort, includ	
				13.1,-1	ODOG.VVLV		
Signature of p	an administrator	Date	Typed or printe	ed name of in	dividual signing as p	olan admir	istrator
				LZS	6,-N^A C C-O		
Signature of employ	yer/plan sponsor/DFE	Date	Typed or prir		individual signing as r DFE as applicable		, plan
For Paperwork Reduction v11.3	Act Notice and OMB Con	trol Numbers,	see the instruc	ctions for Fo	rm 5500.	Form 55	00 (2008)
	ne and address (if same as	,	enter"Same")		3b Administrator's 16-1112391	s EIN	
TRUSTEES OF SEIU L 4242 RIDGE LRK ROAI AMLIMRST NY 14226	ORAT. 1199 UPSTATE PEI N SUITE 30	NSION FUNL			3c Administrator's	s telephon 362-0680	e number
	the plan sponsor has chang number f rom the last return/r		st return/report	filed for this p	lan, enter the	b EIN	
						c PN	

ŧ	a Sponsor's name		
5 F	Preparer information (optional) a Name (including firm name, if applicable) and address	b E	EIN 6-1462141
4	ARRARA & BORCZYNSKI, LLP 424 MAIN ST. 1806 LIBERTY BLDG. BUFFALO 14202-3618		elephone no. 16-852-6681
6	Total number of participants at the beginning of the plan year	· 6 ·	10312
	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) Active participants	2	5698
	Retired or separated participants receiving benefits	a ·b·	1587
	Other retired or separated participants entitled to future benefits	c	3079
	Subtotal. Add lines 7a , 7b , and 7c	d	10364
	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	36
f	Total. Add lines 7d and 7e	f	10400
_	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
	If any participant(s) separated from service with a deferred vested benefit, enter the number of separated	i	188
	participants required to be reported on a Schedule SSA (Form 5500) Benefits provided under the plan (complete 8a through 8c, as applicable)		
	Enemis provided under the plan (complete of through oc, as applicable) Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feat	ure code	es from the Liet
	of Plan Characteristics Codes (printed in the instructions)):	ure cou	
	1 <u>B</u> 1 <u>G</u>	_	
h		-	from the list o
. J	Plan Characteristics Codes (printed in the instructions)):	e codes	anom the List C
	That characteristics esses (printed in the instructions)).		
		~	
9a	Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply)		
	(1) Insurance (1) Insurance		
	(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
	(3) Trust (3) Trust		
	(4) General assets of the sponsor (4) General assets of the sponsor		
	Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	ions.)	
	Pension Benefit Schedules b Financial Schedules		
((1) X R (Retirement Plan Information) (1) X H (Financial Information) (2) I (Financial Information – Small Pla	ın\	
((2) OT (Qualified Pension Plan Coverage Information) (3) OA (Insurance Information)	111/	
,	(4) X C (Service Provider Information)		
	If a Schedule T is not attached because the plan is (5) X D (DFE/Participating Plan Information		
	relying on coverage testing information for a prior (6) G (Financial Transaction Schedules)	
	year, enter the year		
((3) B (Actuarial Information)		
((4) E (ESOP Annual Information)		
	5) 🔣 SSA (Separated Vested participant Information)		



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

Official Use Only
OMB Nos. 1210 - 0110
1210 - 0089
2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For the calendar plan year 2008 or fiscal plan year beginning January 01, 2008, and ending

For the calendar plan y	ear 2008 or fiscal plan year	beginning Ja	nuary 01, 2008,	and ending Decemi	ber 31, 2008		
A This return/report is for:	(1) ☑ a multiemployer pla (2) ☐ a single-employer p employer plan);		a multiple-	(3) a multiple-er (4) a DFE (spec			
B This return/report is:	(1) ☐ the first return/repor (2) ☐ the amended return		lan;	(3) the final retu (4) a short plan months).			
•	vely-bargained plan, check h			_			
	nsion of time to file, check the			extension application (X		
Part II Basic Plan In 1a Name of plan	formation – enter all reques	ted information		1b Three	e-digit number (PN)	. 001	
SERVICE EMPLOYER	ES PENSION FD OF UPSTA	TE NEW YOR	K	1c Effect	tive date of plan (m 29, 1965	no., day, yr.)	
2a Plan sponsor's name a (Address should include	and address (employer, if for de room or suite no.)	a single-emplo	oyer plan)	16-09	oyer Identification I 08576	, ,	
	ES PENSION FUND OF UPS	STATE NEW Y	ORK	. 315-4	2c Sponsor's telephone number 315-424-1754		
BETH BARRETT, FU PO BOX 1240 SYRACUSE NY 1320				· 2d Busin 81299	ess code (see inst 90	ructions)	
Under penalties of perjury	e late or incomplete filing of t and other penalties set forth , statements and attachment	in the instruc	ions, I declare th	at I have examined th	is return/report, in	cluding	
				-EL-1W RQC)ZC^^		
Signature of	plan administrator	Date	Typed or print	ed name of individual	signing as plan ac	Iministrator	
Signature of empl	oyer/plan sponsor/D F E	Date	Typed or prii	nted name of individu sponsor or DFE a		oyer, plan	
For Paperwork Reduction v11.3	on Act Notice and OMB Cor	ntrol Numbers	s, see the instruc	ctions for Form 5500). Form	5500 (2008)	
	ame and address (if same as		enter"Same")		Iministrator's EIN i-0908576		
SERVICE EMPL PENS BETH BARRETT, FUN PO BOX 1240 SYRACUSE NY 1320		IEW YORK		. 3c Ad	lministrator's telep 315-424-17		
	of the plan sponsor has chan number from the last return/		ast return/report	filed for this plan, ent			
					c PN	١	

$\text{Exhibit}_{2} \textbf{C}_{2} \text{ of } 2$ Instant View Free RISA 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Objectors Form 5500s Pg 41 of 43

a Sponsor's name		
5 Preparer information (optional) a Name (including firm name, if applicable) and address	b	EIN
ROBERT E. KILFOYLE, CPA 109 S WARREN ST STE 1403 SYRACUSE NY 13202-4711		Telephone no. 315-422-4900
6 Total number of participants at the beginning of the plan year	· 6 ·	7493
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	а	4942
b Retired or separated participants receiving benefits	· p ·	1065
c Other retired or separated participants entitled to future benefits	С	1791
d Subtotal. Add lines 7a , 7b , and 7c	d	7798
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	e	102
f Total. Add lines 7d and 7e	f	7900
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	h	
 i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) Benefits provided under the plan (complete 8a through 8c, as applicable) a Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea 	i ture co	184 des from the List
of Plan Characteristics Codes (printed in the instructions)): 1B		
		~ ~ ~
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare featu Plan Characteristics Codes (printed in the instructions)):	re code	es from the List of
		
9a Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (1) ☐ Insurance		
(1) Insurance (2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts		
(2) Section 412(e)(3) insurance contracts (2) Section 412(e)(3) insurance contracts (3) Trust		
(4) General assets of the sponsor (4) General assets of the sponsor		
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruct	tions)	
Pension Benefit Schedules boxes and, where indicated, cited the number attached. See instruction by Financial Schedules	10110.7	
(1) X R (Retirement Plan Information) (1) X H (Financial Information)		
(2) 🔲 I (Financial Information – Small Pla	an)	
(2) OT (Qualified Pension Plan Coverage Information) (3) OA (Insurance Information)		
(4) X C (Service Provider Information)		
If a Schedule T is not attached because the plan is relying on coverage testing information for a prior (5) X D (DFE/Participating Plan Information G (Financial Transaction Schedules)		

	lf a	a Sc	hedule T is not attached because the plan is
	re	lying	on coverage testing information for a prior
	ye	ar, e	enter the year
(3)	X	В	(Actuarial Information)



Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the

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2008

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500.

•		tne instru	ctions to the Fo	rm 5500.				
Part I Annual Report For the calendar plan ye	Identification Information ar 2008 or fiscal plan year	beginning Ja	nuary 01, 2008 ,	and ending December 31,	2008			
A This return/report is for:	 (1) ☐ a multiemployer plan (2) ☒ a single-employer plan employer plan); 		a multiple-	(3) ☐ a multiple-employer (4) ☐ a DFE (specify)	[·] plan;			
B This return/report is:	(1) ☐ the first return/report (2) ☐ the amended return/		an;	(3) ☐ the final return/repo (4) ☐ a short plan year re months).				
C If the plan is a collective	ely-bargained plan, check he	ere 🗆		,				
	sion of time to file, check the			xtension application \square				
Part II Basic Plan Inf 1a Name of plan	ormation – enter all request	ed information		1b Three-digit				
,				plan number		001		
SYRACUSE BUILDER	S EXCHANGE, INC. / CEA I	PENSION PLA	N	1c Effective dat January 01,		, day, yr.)		
2a Plan sponsor's name a (Address should includ	nd address (employer, if for e room or suite no.)	a single-emplo	yer plan)	15-0464360	2b Employer Identification Number (EIN) 15-0464360			
SYRACUSE BUILDER	S EXCHANGE INC			2c Sponsor's te 315-437-993	2c Sponsor's telephone number			
6563 RIDINGS ROAD SYRACUSE NY 13206				2d Business code (see instructions)				
Under penalties of perjury	late or incomplete filing of the and other penalties set forth statements and attachments	in the instruct	ions, I declare tha	at I have examined this retur	n/report, inclu	iding		
Signature of p	lan administrator	Date	Typed or printe	ed name of individual signing	j as plan admi	inistrator		
				EARL N. HALL				
Signature of emplo	yer/plan sponsor/DFE	Date	Typed or prir	ited name of individual signi sponsor or DFE as applic		er, plan		
For Paperwork Reductio v11.3	n Act Notice and OMB Con	itrol Numbers	, see the instruc	tions for Form 5500.	Form 5	500 (2008)		
3a Plan administrator's na	me and address (if same as	plan sponsor,	enter"Same")	3b Administr 3c Administr	ator's EIN ator's telepho	ne number		
SAME				•				
	f the plan sponsor has chan number from the last return/i		ast return/report	filed for this plan, enter the	b EIN			
a Sponsor's name					c PN			

Instant 08-01-789 regree 1990 4068-5 Filed 05/16/11 Entered 05/16/11 15:33:30 Exhibit $C_{2 \text{ of } 2}$ Objectors Form 5500s Pg 43 of 43

5 Preparer information (optional) a Name (including firm name, if applicable) and address	b Ei	b EIN		
	c Te	elephone no.		
 Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) 	· 6 ·	14		
a Active participants b Retired or separated participants receiving benefits	a ·b·	15		
c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 7a, 7b, and 7c	c d	15		
 e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 7d and 7e 	e f	15		
 g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less 	g	15		
than 100% vested i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated	h i			
participants required to be reported on a Schedule SSA (Form 5500) 8 Benefits provided under the plan (complete 8a through 8c, as applicable)				
a X Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension fea of Plan Characteristics Codes (printed in the instructions)):	iture code	s from the List		
<u>2E</u> <u>2J</u>	·	w w w		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature Plan Characteristics Codes (printed in the instructions)):	ire codes t	from the List of		
9a Plan funding arrangement (check all that apply) (1)				
10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instruc a Pension Benefit Schedules (1) X R (Retirement Plan Information) (2) X I (Financial Information – Small Pl				
(2) OT (Qualified Pension Plan Coverage Information) (3) O A (Insurance Information) (4) C (Service Provider Information) (5) D (DFE/Participating Plan Information)				
relying on coverage testing information for a prior year, enter the year (6) G (Financial Transaction Schedules	s)			
(3) B (Actuarial Information) (4) E (ESOP Annual Information) (5) SSA (Separated Vested participant Information)				